

NAVY REFRACTIVE SURGERY CONSULT FORM - NNMC

Date: _____

1. Patient Input (Please PRINT clearly):

Last Name:			
First Name:		MI:	
<input type="checkbox"/> Active Duty		<input type="checkbox"/> Retired <input type="checkbox"/> Dependent	
Rank:	Grade:	<input type="checkbox"/> USN <input type="checkbox"/> USMC	<input type="checkbox"/> USCG <input type="checkbox"/> Other _____
Age:		Birthdate (DDMMYY)	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	SSN: - -		
Job Title (No Designators):			
Brief Job Description of Operational Duties:			
Next Billet:			
Unit Name:			
Unit City:		Unit State (2 letters):	
Unit Zip:		Unit Country (if not US):	
Work Tel:	()	-	X
Mobile Tel:	()	-	X
Projected Rotation Date (DDMMYY):			
End of Active Service (DDMMYY):			

2. Unit CO's Input:

Patient's Priority Level:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<p>To determine Priority Level, refer to: http://www.nnmc.med.navy.mil/noframes.asp?ccode=BCDFCA Click on Navy Bureau of Medicine & Surgery, then Appendix 3</p>				
CO's Last Name (Print):				
CO's Signature:				

3. Ophthalmologist/Optometrist:

Oph/Optom Last Name:		
Ophthalmolgist/ Optometrist Signature:		
Clinic Area Code & Tel:	()	-

UCVA	OS	OU
OD: 20/	20/	20/

	Sphere:	Cylinder:	Axis:	VA (20/xx):
Man OD:	■	■	X	
Man OS:	■	■	X	

In your professional opinion, is this patient a good candidate for refractive surgery? ☐ Yes ☐ No

☒ ≤ 0.50 D change in sphere or cylinder in last 12 months

☒ Realistic expectations about surgery

Check if any of the following apply:

<input type="checkbox"/> Age < 21 years	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Contacts - RGP's	<input type="checkbox"/> Hx of HSK, HZK
<input type="checkbox"/> Contacts - Ext. Wear	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Keratitis sicca	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Keratoconus	<input type="checkbox"/> Diseases affecting healing:
	DM, Atopy, CV, AI, ID

**4. Fax completed form to (301) 295-4751.
Scheduling: (301) 295-1200**

5. An e-mail confirmation will be sent in 2 weeks from the date received.

6. Please call (301) 295-1133 to make changes to your contact information.



**Laser Vision Center
National Naval Medical Center
8901 Wisconsin Avenue, Bldg 8
Bethesda, MD 20889-5600**

Clinic Director: Joseph Pasternak, MD
Clinic Manager: Efrain Martinez
Clinic Optometrist: Anita Goel, OD

Web Site: nnmc.med.navy.mil/noframes.asp?ccode=BCDFCA

Patient's Work e-mail:	@
Patient's Home e-mail:	@